STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	R **01/22/2019**
NAME OF PROVIDER OR SUPPLIER **SEA VIEW INN AT FOREST LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3548 SEA VIEW STREET** **SARASOTA, FL 34239**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/22/19 at Sea View Inn at Forest Lakes, an assisted living facility (license #8290) in Sarasota Florida.

This was a follow-up to the emergency power plan monitoring survey completed on 11/29/18.

The previous deficiencies were corrected and no new deficiencies were identified.